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## Entering the Field: Recruiting Latinos for Ethnographic Research

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Urban field research rests as much on in-depth interviewing as participant observation, yet finding qualified participants for either endeavor provides a unique set of challenges. Surprisingly, however, standard sources on field methods skip the subject of recruitment entirely (e.g., Taylor and Bogdan 1998; Bernard 1998, 2002; Patton 2002). Instead they discuss issues that arise after recruitment has been successful, such as how to establish and maintain rapport, negotiate the parameters of the researcher's own role in a field setting, and the importance of being unintrusive. Similarly, accounts on how to choose key informants merely stipulate that the cardinal rule is that they be knowledgeable about their culture and able to describe it to an interested listener – not how to generate interest in your own project to begin with. Similarly, analyses of sampling leave off after they describe the logic behind common sampling strategies and procedures for ensuring that they are representative.

Yet recruiting study participants for field-based and other types of social scientific

research has become more difficult as researchers increasingly compete with public opinion pollsters and other telemarketers for potential subjects' time and attention. Recruitment difficulties are usually compounded when the design calls for recent immigrants or individuals from ethnic minority backgrounds (Blumenthal et al., 1995; Arrom et al., 1997; Naranjo and Dirksen, 1998), or more than one member of a family group (Bonvicini, 1998). Recruiting participants for field research can also present more of a challenge than for surveys because the former tends to involve a longer-term commitment and may be seen as too time-consuming with insufficient rewards (Arcury and Quandt, 1999). Difficulties may be compounded when recruiting study participants for health-related research that does not offer therapeutic benefits (Wilcox, Wesnes et al., 1994; Wilcox, Heiser et al., 1995; Wilcox, Kats et al., 1996).

Of course, recruitment in and of itself is not the only problem qualitative researchers face. Sample bias is another criticism field-based studies invariably encounter. And while

any recruitment strategy will work better for some participants than for others, the measures taken to raise the recruitment rate might also skew it, attracting some types of people at the expense of others. This may be inevitable to a certain extent in all studies and researchers should be cognizant of how their recruitment strategies are influencing sample composition. Our goals therefore are to discuss the strategies we developed to overcome the problems of recruiting immigrant Latino couples for a qualitative study on decisions about fetal diagnosis and prenatal care.

## BACKGROUND

Our study of the amniocentesis decisions of Latino couples (Browner et al., 1999) makes for a revealing test case because it posed a combination of obstacles to recruitment. We were trying to enroll an immigrant group that customarily has low participation rates in social research; we were trying to recruit couples, not just individuals; and we were approaching them at a sensitive time in a medical setting without offering any medical benefits.

The investigation focused on a group of Mexican-origin women in Southern California who were offered amniocentesis because they had screened positive on a routinely offered prenatal blood test (Crandall et al., 1983). A positive result indicates an increased risk of fetal anomaly (including neural tube defects, Down syndrome and other chromosomal anomalies) (ACOG, 1996). In and of itself, however, it is merely a screening test and a positive result indicates only that there may be a problem. Further testing is offered to women who screen positive, typically a high-resolution ultrasound and sometimes amniocentesis, an invasive procedure that carries a small risk of miscarriage. In California, these

tests are performed at a state-license prenatal genetics center. The risk inherent in amniocentesis and the fact that most anomalies detected by fetal diagnosis have neither treatment nor cure, often leads pregnant women to experience intense anxiety should they screen positive. It was during the period when couples were deciding about amniocentesis or waiting for their results that we had our first recruitment contacts.

Participation in our study required a minimum of one face-to-face interview, lasting a little over an hour, with each member of the couple, as well as a willingness to respond to one or more requests for additional information in person or by telephone. Although the original design called for separate interviews, some candidates would agree to participate only if they and their partner could be interviewed together.

Although we were aware that recruiting couples would be more difficult than just women, we wanted to include males in our study of amniocentesis decisions in order to redress a significant lacuna in most existing work on the subject. As a result of this research gap, we know little about men's values, attitudes, and needs in relation to prenatal care, particularly fetal diagnosis or how they might affect women's decisions. We wanted to test our hypothesis that male partners' roles in Latinas' reproductive decisions are often underestimated (Browner, 2001). Anecdotal accounts revealed that couples often differ in their views about prenatal testing (Rothman, 1987; Rapp, 1991), but we knew little about how differences within couples are resolved (Resta, 1999). These issues promised to be particularly salient in Latino populations where evidence suggested that men's wishes can be decisive in women's fertility decisions (Browner, 1979, 1986; Tucker, 1986).

The woman and her male partner remained the analytical unit throughout our

investigation, but our conception of 'couple' changed as the study advanced. In our initial conception, a 'couple' was defined as two people who shared the biological parenthood of the fetus, constituted a social and economic unit (with a shared residence and family budget) (Netting et al., 1984; Guyer and Peters, 1987; Wilk and Miller, 1997) and intended to provide emotional and material support to the child after its birth. But early on we found that in the greater Los Angeles area, couples with these characteristics were not easy to find or enroll. Some couples shared social and economic responsibilities and made joint reproductive decisions even though they lived apart. In other cases, men might appear prominently in women's accounts of their amniocentesis decisions while the men themselves were seemingly uninvolved (Preloran and Browner, 1997; Browner and Preloran, 2000). Accordingly, an extra effort was made to include such male partners in our investigation.

#### STRATEGIES FOR RECRUITING LATINO COUPLES

Over the course of our recruitment efforts, we employed four distinct strategies. In the 'standard' approach, one of the partners, usually the woman, would first be contacted in person, and then the researcher would follow-up by telephone with both partners. In a small number of cases, both partners were successfully recruited 'on the spot' at the genetics clinic without the need for follow-up calls. However, on occasion we were forced by circumstance to resort to two other approaches. In the case of 'co-recruitment,' we would first recruit the woman, she would then broach the issue of participating with her male partner and the researcher would complete the process. Under the

'brokering' strategy, the female partner would independently recruit the male partner without further help from us.

During an approximately twenty-four month period, the recruitment coordinator (H.M.P.) and three assistants, all four of whom are Latina, attempted to contact the 1,305 Spanish-surnamed women who were offered amniocentesis at six genetics clinics, all located in southern California. From the initial pool, 783 (60.0%) did not meet our enrollment criteria for a variety of reasons (e.g., they were Latino but not of Mexican origin, the screening test result was false positive, they were being offered amniocentesis for other reasons, such as advanced maternal age). In addition, 132 (10.1%) could not be recruited for other reasons (e.g., separation or divorce; phone disconnected; failed to answer phone calls; women told recruiter that partner would not be interested; partner deported, imprisoned, or working outside the area).

Three hundred and ninety (29.9%) eligible women remained. Of these, 243 (62.3%) declined participation, either actively – by openly stating they were not interested – or passively – by avoiding more than ten phone contacts or canceling more than five appointments. While we were obligated to respect the candidates' right to refuse, we were concerned that our sample might be biased if the refusals followed a systematic pattern. We could obtain only limited information from candidates about their reasons for declining to participate in our research. The most common explanation was the wish to be left alone. Anecdotal evidence also suggests that various types of fear were significant factors in refusal. For example, some women were unwilling to give us their home address; others said their landlords did not allow them to receive visitors or that their husbands discouraged them from

Table 6.1 *Characteristics of the study population*

	Women (n = 147)		Men (n = 120)	
	#	%	#	%
<b>Ethnicity</b>				
Mexican American	45	30.6	34	28.3
Mexican immigrant	102	69.4	76	63.3
Other Latino	—	—	10	8.3
<b>Education</b>				
Primary or less	37	25.3	31	26.7
Secondary or less	72	49.3	60	51.7
More	37	25.3	25	21.6
<b>Household Income</b>				
Less than \$10,000/yr	49	34.5	34	28.8
\$10,001–\$20,000/yr	42	29.6	43	36.4
\$20,001/yr or more	39	27.4	34	28.8
Don't know	12	8.5	7	5.9
<b>Religion</b>				
Catholic	125	85.0	96	80.0
Other	15	10.2	10	8.3
None	7	4.8	14	11.7

Notes: Numbers add up to fewer than 147 (women) and 120 (men) because of missing data.

'Mexican American' was defined as having been born in the United States or having immigrated before completing primary school, 'Mexican immigrant' as having immigrated after completing primary school, and 'other' as from a Hispanic background other than Mexican.

leaving home. Some men said they feared that participating in the study would only add to the distress their partners felt after the positive screening test result. While informative, the number of candidates who provided such explanations is too few to permit generalization.

In recruiters' daily field notes, information about each contact with a potential participant along with the participant's reasons for accepting or declining were recorded. For successfully recruited candidates, reasons for participation were coded inductively. Answers such as 'I don't know,' 'Because I want to' (without specifying why); 'No particular reason,' etc. were categorized as 'No Particular Reason.' Responses (e.g., '*una mano lava la otra*' ['one hand washes the other']) were coded as 'Helping Researcher' when respondents expressed appreciation for the interest the researcher had shown in them and wanted to reciprocate by helping. Candidates who said they were interested in

learning more about the implications of their own test results or genetic testing more broadly were classified 'Gain Knowledge.'

Finally, 122 couples were successfully recruited (although 120 couples actually completed the study). They provide the basis for the following analysis of successful recruitment approaches. In addition, 27 women who were part of a couple when they agreed to enroll in the research but became single before we could interview their partners are also included. (See Table 6.1 for general characteristics of the study population.) We retained these 27 newly 'single' women in part to examine the effect of marital status on recruitment efforts and study variables, which would have been impossible had the sample consisted only of couples. Among these 27 were six who, by circumstance, happened not to be living with their partners at the time of the interview due, for instance, to a partner's unexpected trip to Mexico. The relationships of the other 21 were genuinely

'unstable' in that the men had practically disappeared or were otherwise indifferent to the pregnancy. As we discuss later, this fact had a significant effect on our ability to recruit those men.

Enrollment rates varied at different stages of our research. During the pilot phase, they were extremely low, at 3.3%. At that time we were bound to and restricted by an approach that made direct contact with candidates difficult. Our clinic sponsors insisted that candidates be formally introduced to us by medical personnel, who would also explain the aims and benefits of our study and ask for the client's collaboration. The slow pace of recruitment prompted us to request more direct contact with candidates. Our request was eventually granted on the condition that candidates be approached in the presence of medical personnel. Enrollment rates rose to 8.0% once this change was implemented. Over time we gained greater trust from our medical sponsors and were eventually allowed to recruit more independently. Yet although we now had the visible support of clinic staff, for the most part we were left to recruit on our own. We found that the key to achieving this level of staff cooperation was to follow the rules of each field site but to as be 'invisible' as possible. When we were given the freedom to use all four of our recruitment strategies we were able to achieve an enrollment rate of 37.7%.

It is important to note that our greater success at recruiting did not necessarily mean that our new strategies were cost-effective (Patrick et al., 1998). Our procedures were often very time-consuming for both researchers and participants, since motivation to participate was usually low, and the need to enroll both partners made the effort more difficult (Bonvicini, 1998). On-the-spot recruiting was the least labor-intensive strategy, while brokering proved to

be the most demanding. Co-recruitment was somewhat less labor-intensive than our 'standard' approach.

Given that most of our candidates were not particularly interested in participating in our investigation, we needed to find ways to motivate them. Assigning bilingual-bicultural recruiters was very helpful in building trust, as other researchers working with ethnic minority groups have found (LeVine and Padilla, 1980; Arean and Gallagher Thompson, 1996; Casey et al., 1996; Arrom et al., 1997). But our research went a step further. Taking a cue from the candidates themselves, we found we could motivate them by appealing through aspects of the 'traditional' gender roles found in Latino culture.

#### CULTURAL SCRIPTS FOR MOTIVATING WOMEN

Couples were our target population, but most of our initial contacts were made with women – not least because nearly half of the female candidates came for genetic counseling alone or with partners who were occupied elsewhere watching their children. In the clinic waiting rooms, it quickly became clear to us that many of the women we sought to recruit for our sample, especially those who were relatively new immigrants, were anxious, ill at ease, or reluctant to ask questions of clinic staff, especially if they did not appear to speak Spanish. In addition, many had brought young children with them. We found it possible to be helpful in both situations by offering to perform small favors (*favorcitos*) for them, such as listening to a woman's complaints about the long hours of waiting, helping her to communicate with clinic staff, complete hospital or insurance forms, find a pay phone, or watch her children while she was otherwise occupied

attending to medical or administrative matters. Occasionally, we would also offer emotional support to women who were upset about the prenatal genetic testing decisions they were facing. Sometimes we sought to establish friendly ties by providing information or offering help even before introducing ourselves as researchers.

It is important to note at this point that some may question whether the approach to recruitment used here may have been unethical because we began to develop friendly relationships with potential participants before completely disclosing the details of our research (Singer et al., 2000). However, it is safe to assume that potential study participants would not mistake us for clients nor staff. Although we were present in the waiting room for several hours at a time, it was clear we were not waiting to be seen by a clinician. We did not dress like clinicians, nor perform formal clinical responsibilities. Moreover, in compliance with IRB (International Review Board) ethical requirements, any interested candidates were given a comprehensive explanation of all aspects of the project before any participation began. That is, we explained their prenatal care was in no way connected with participation in our study, that they could decline to answer questions that made them uncomfortable, and that they could withdraw from participation at any time. We did make minor modifications in the sequence of our recruitment protocol from time to time. For example, with women we brought up the \$40 monetary incentive and the fact that the interview could give them a chance to talk about their feelings about amniocentesis earlier than with the men. But in all cases, we invariably provided full disclosure of the research goals and procedures. Participants always read and signed the consent form detailing the study's objectives and what participation would involve prior to any

formal interview. In our experience, these measures minimized the possibilities for misunderstanding between researcher and candidates, and provided an environment in which concerns by study participants could be freely raised.

Turning back to our recruitment approaches, two conversation topics that also often helped 'break the ice' were their children (who were sometimes playing near their mothers while we were chatting) and women's hopes and beliefs about the sex of the fetus. Although conversations could be helpful in establishing rapport, offering small services was more effective. These interactions followed a 'cultural script' that we came to call *comadrisimo*, a term derived from 'madre' or 'mother' and commonly used by Latinas to describe relationships of trust and mutual support among women. In doing so, we employed the classical anthropological approach of participant observation.

The participant observation approach involves engaging in the same activities as those of study participants or as close as it is possible for an outsider to do so (Spradley, 1980; Russell, 1994). Sometimes, nurses, rushing to fulfill multiple demands, asked us to show patients how to fill out forms, or walk them to the room where they would have their next appointment. On other occasions, patients who had already seen us doing those small tasks similarly requested our help, or we offered it to them. From time to time, in the course of chatting with candidates who unfortunately found themselves with an unusually long wait at the hospital or clinic, we indicated that we were involved in a research study that might interest them. In other cases, we introduced ourselves in the waiting room and asked if we might talk more with them after they finished their medical appointment. We believe these diverse approaches did not obscure our intentions, but rather were used to sensitively discover

the 'right time' in which the request to participate in our research would be most sympathetically heard.

Usually, after we had established an initial rapport with a woman, we proceeded to introduce ourselves as social researchers interested in talking with them at greater length about their pregnancies. While we alluded to our interest in issues surrounding prenatal diagnosis, we placed more emphasis on wanting to talk with them about their feelings rather than their decisions *per se*. When women seemed receptive but non-committal (i.e., responding with 'I'd prefer to think about it'), we waited until they had completed their genetic consultation and ultrasound testing before continuing our recruitment efforts. At that point, we explained that we could conduct the interview in a more relaxing environment, such as their home, and emphasized that we did not intend to be a burden. This was sufficiently reassuring for several women, who then agreed to enroll in the investigation. We also introduced the incentive of financial compensation for their time, characterizing it as a 'small amount' offered as a token of our appreciation (\$20 per person, \$40 per couple; all participants were compensated at the conclusion of their interviews). Some who had initially hesitated expressed more interest once they learned of this incentive. At this point, we explained that participation in the study would also require an interview with their male partner. A number of women continued to show interest but said they were still undecided. We therefore asked permission to call them at home, reminding them that they were under no obligation and that their refusal would in no way jeopardize their prenatal care.

Becoming *comadres* (i.e., offering resources and services, including \$40 compensation) appears to have been significant

in motivating some women who had been otherwise reluctant to enroll in the research. The financial incentive was not, in and of itself, the decisive factor in most cases, but it did make a difference for women who seemed less inclined to participate and may have been politely trying to refuse by saying they would 'think about it' or 'call back.' After learning that they would be compensated for their time, several women responded more positively, giving more precise instructions like, 'Call me tomorrow after 9 a.m., or better, after dinner if you also want to speak to my husband.'

#### INVISIBLE MEN

Once women agreed to participate, we turned to the task of recruiting their partners. In about 12% (17 of 147) of cases, this was an easy task; both partners attended the genetic consultation and both agreed on the spot to be part of our investigation. In an additional 58 cases, the woman said she was interested and agreed to let us call her partner at home. All men contacted under these circumstances, which we called our 'standard' procedure, agreed to enroll in the research. In the remaining cases, however, we found we needed the woman to collaborate in recruiting her partner. To facilitate these efforts, we developed the strategies of 'co-recruitment' and 'brokering,' which we describe below.

Our hopes of recruiting most men 'on the spot' at the genetics clinics went unfulfilled. About half the men did not attend their partners' prenatal genetics consultation, and a large proportion of those present tended to be physically separated from their partners, either taking care of their children, pacing in the corridors, or outside in the parking lot checking on their automobiles. As a result, most

male recruitment was done by telephone. Unfortunately, however, the men were usually not available when we called and many did not return our phone calls. (We had planned on making a maximum of six follow-up calls, but ultimately chose to increase this to ten.)

The difficulty we had recruiting men for our study was in itself instructive, casting a revealing light upon some of the attitudes we hoped to investigate in the study proper. The men's failure to attend their partner's prenatal genetic consultation and their reluctance to communicate with us may have indicated a more general disengagement from their partners' amniocentesis decisions. Since men's roles in such decisions were central to our research, we became even more concerned to recruit men in order to explore the meaning of their apparent lack of interest and distance from the process. We also faced an obvious danger of sample bias, if the only men who agreed to participate in the study were those who were involved in the amniocentesis decision to an unusual degree.

In comparison with the face-to-face relationship of *comadrisimo*, which proved effective in recruiting women, indirect contacts worked better with most men. This led us to develop the 'co-recruitment' and 'brokering' approaches. In co-recruitment, the researcher and the female candidate, sometimes with the help of other family members, shared responsibility for motivating the man to participate. We recruited 29 couples in this manner. This recruitment strategy was, in fact, first suggested to us by several women who offered to 'soften up' their partners prior to our contacting them. Co-recruitment was also used as a secondary strategy when women realized that their own efforts to recruit their male partner were not enough. On one such occasion, a woman helped us to recruit her reluctant husband by instructing her mother-in-law to leave the house at the time of our call so that

her husband would be forced to answer the phone to us. Similarly, another woman offered to 'kidnap' her husband by having her eldest son ask him to stay home to work on the family car until we could meet him at home to request his participation. In a third instance, the sister-in-law of a female candidate agreed to organize a meeting between us and her brother. These examples illustrate how the female candidates enlisted other members of their family in the co-recruitment process.

'Brokering' was the other strategy that was successful in recruiting male partners. In these cases, the women offered to recruit their partners themselves, and our own role was a passive one. Forty-five female candidates offered to act as brokers and 43 of these women completed the study. Initially, this approach seemed cost-effective as it involved no additional time investment on our part. Unfortunately, however, brokering also had the highest male withdrawal rate (22/45 or 48.9%), far exceeding the other three approaches (7/104 or 6.7%). Nevertheless, our experiences observing women acting as recruitment brokers with their male partners were instructive in that they helped us develop a 'cultural script' which proved fruitful in our own attempts to recruit men.

#### CULTURAL SCRIPTS FOR MOTIVATING MEN

At first we thought we could 'train' women for the task of recruiting their male partners. We suggested they emphasize the benefits of participation, that is, we were offering to pay them to discuss issues of interest to them, without them having to leave their homes. For the most part, our suggestions were dismissed with polite smiles, but one woman



told us directly, '*No se preocupé, yo sé como darle la vuelta a mi marido*' ('Don't worry, I know how to turn my husband around'). When asked how she would do it, she replied, 'I'm going to tell him (the study) is for the good of the children. ... I know that if we want to convince him, we should forget the talk about money – don't even mention it to him – he is too proud to accept money for something like this.' Similarly, another potential broker observed, 'My husband won't understand getting paid for answering some questions. What I have to do is convince him that the person who will come is working for the good of the *barrio*. Besides, he needs to be sure you won't make any trouble. He is afraid I will open the door to strangers.'

These responses prompted us to ask other women how they had approached their partners. Two themes recurred in the women's testimony: altruism – toward the child they were expecting or the community – and home security. Learning from the women, we incorporated both of these themes into our general approach to male recruitment. When contacting men we emphasized the altruistic aspect of 'collaborating with the research for the good of the children and the Latino people.' We also took care to allay men's security concerns by explaining that we would send an interviewer, generally a woman, who could be trusted.

Just as we had drawn upon the culture of Latino women to develop the *comadrismo* script, we sought to couch our approaches to Latino men in a cultural script that was familiar to them. We developed an approach that we termed *poderismo* (powerism) in which men were assured that they would retain control of the research process at all times, deciding when and where to meet and, should they wish, when to withdraw from the study. Under *poderismo*, men were encouraged to express their concerns about

participating and to suggest ways to resolve these concerns. Instead of anticipating problems and offering solutions, as we often did with women, we would pose the question, 'What should we do about this?'

The following excerpt of a recruitment interaction between C (a male candidate) and R (researcher) helps to illustrate central characteristics of the *poderismo* approach – reassuring men that they are in control of the situation, acknowledging the importance of home security, and showing a concern for their partner's well-being.

- C: I don't think I could participate [in the study]; here at home it is always too crowded and many times I have to work at night and I need to rest during the day.
- R: I see you have these problems. ... What should we do?
- C: Could you meet any place?
- R: Yes...
- C: I don't know ... it would be too difficult. ... And, besides, I don't want a stranger to come ... you know these days...
- R: Right ...
- C: And ... besides ... I don't want her to be sad talking about these things again.
- R: I don't know ... maybe she will feel better if she could talk.
- C: I don't know...
- R: If you decide to give it a try and you don't like it, or you see she is sad, and you decide to stop the interview ... for any reason, we will stop, no questions asked.
- C: Well, I have to talk with my wife.
- R: I hope you'll join us, and remember that in this study we will follow your commands. If you decide to help us, we'll appreciate it, but if you don't ... [it's fine] we understand your reasons.

Using this combination of co-recruitment and brokering, together with the *poderismo* script, we were able to recruit many otherwise reluctant men, who were not necessarily present at the genetic consultation. Ultimately, our study population consisted of nearly equal numbers of men who were present at the genetics consultation and men who were absent, allowing us to account for the role men play in their partners' amniocentesis decisions.

Table 6.2 *Percentage of women endorsing reasons for participation in the study (by recruitment approach)*

	On the spot (n = 17)	Co-recruitment (n = 29)	Standard (n = 58)	Brokering (n = 43)
Gain knowledge	52.9	24.1	13.8	18.6
Help researcher	23.5	20.7	39.7	81.4
No reason	23.5	55.2	46.6	—

Note: Minimum pairwise comparison,  $t = 1.98$ ,  $p < .05$  – in the ‘On the spot’ versus ‘Co-recruitment’ groups.

Table 6.3 *Percentage of men endorsing reasons for participation in the study (by recruitment approach)*

	On the spot (n = 16)	Co-recruitment (n = 26)	Standard (n = 55)	Brokering (n = 23)
Gain knowledge	87.5	34.6	38.2	34.8
Wife asked	—	42.3	5.5	26.1
Help community	6.3	19.2	27.3	4.3
No particular reason	6.3	3.8	29.1	34.8

Note: Minimum pairwise comparison,  $t = 3.26$ ,  $p < .01$  – in the ‘On the spot’ versus ‘Brokering’ groups.

#### ASSOCIATIONS BETWEEN RECRUITMENT APPROACH AND REASONS FOR PARTICIPATING IN THE RESEARCH

When a variety of recruitment strategies are employed, it is possible to examine statistically whether the attitudes, characteristics and circumstances of study participants vary systematically with the recruitment techniques that brought them into the sample.

There were no statistical associations between the way a participant was recruited and such basic sociodemographic characteristics as their age, birthplace, religion, household income, education, or degree of acculturation. But other study variables were statistically associated with the recruitment approach.

We found strong statistical associations between recruitment approach and women’s and men’s reported reasons for participating in the investigation ( $\chi^2_{(6)} = 50.44$ ,  $p < .001$  and  $\chi^2_{(9)} = 41.61$ ,  $p < .001$  respectively). Categories for reported reasons for participating in the study were created inductively and

open-ended responses were coded into them. We found that male and female respondents who were recruited ‘on the spot’ were much more likely than others to indicate ‘gaining knowledge’ as their principal reason for participation. On the other hand, women recruited through the standard approach or through brokering were more apt to say that they agreed to participate in order to help the researcher. In contrast, men enrolled through co-recruitment said that their main reason was because their wife had asked them to, while men recruited by the standard approach typically said they agreed either to gain knowledge or to help their community (see Tables 6.2 and 6.3).

#### DISCUSSION

Overall, our strategies raised our recruitment rate to just under 38%, a respectable figure given all of the difficulties associated with recruiting immigrants and couples

during a sensitive time. We were even more successful at retaining participants: only one man and two couples dropped out of the study once we had begun interviewing them. Nevertheless, because our study population was made up of individuals who were predisposed to seek biomedical prenatal care, we cannot generalize our results to those who did not do so.

Our experiences prove that rapport is as vital to recruitment as it is to qualitative research itself. This fact was starkly illustrated by the extremely high rates of refusal that dogged us at the beginning of the research, when we were required to contact candidates through medical intermediaries. Our recruitment strategies required relatively extensive and unimpeded access to the potential candidates prior to securing their consent. Candidates who agreed to enroll in the study said they felt we were genuinely concerned about them as individuals and sensitive to the realities of their lives and they wanted to reciprocate. Asking some who were initially reluctant how they overcame their concerns, one woman replied, 'When you asked me to participate I said to myself, "Here it goes again," (but) when you kept calling me day after day ... chatting (with you) made me see you were really interested in what happened to me there (at the genetics center).' Another woman had a similar reaction: 'I like it when things are more personal ... (and) when Jeff (the interviewer) told my husband he would love to go with him to the restaurant (the participant had invited Jeff out for dinner) we liked that ... we said, "Fine," and we would do it (participate).' When asked what had made one particularly skeptical man change his mind, he explained, 'She (partner) convinced me (to participate) because she said that talking to the girl (the recruiter) made her feel good.' In addition, some participants indicated that learning that emotional support and psychological referrals

Table 6.4 Percentage of endorsed reasons for participation in the study (by sex)

	Men (n = 120)	Women (n = 147)
Gain knowledge	43.3	21.8
Wife asked	16.7	---
Help researcher	3.3	46.3
Help community	15	0
No particular reason	21.7	32

Note: As the code categories for this variable differed for the men and women, these data are presented for descriptive purposes only.

would be available for the duration of their pregnancies were important factors in their decision to enroll in the study.

To raise the recruitment rate to 38%, it was necessary to use a variety of strategies. There was no 'one-size-fits-all' recruitment strategy that could, on its own, ensure the participation of a high proportion of male and female Latino candidates. The strategies we have outlined here are complements not substitutes: they were not simply better or worse than each other, they were better or worse for specific subgroups of the population, according to their circumstances and inclinations. To achieve an overall recruitment rate of 38%, the entire gamut of on the spot, standard, co-recruitment, and brokering was needed.

While aspects of our approach, such as financial incentives and expressions of genuine caring, have been used successfully in other investigations, the 'cultural scripts' of *comadrisimo* and *poderismo*, developed here, made a real contribution. Why were these cultural scripts effective? We can shed some light on this issue by looking at the different reasons men and women gave for participating in the study (see Table 6.4). Of the women recruited through *comadrisimo*, 46% indicated that they had enrolled in the study as a way of reciprocating the support and assistance we had provided. On the other hand, 43% of the men

enrolled in order to gain more knowledge. Many men, even those who attended the genetic consultation, felt unsure about the genetic information they had been given and seemed to regard the interview as an opportunity for clarification. For example, one man said, 'I didn't understand the chart with the black spots that come in pairs [chromosomes], so if you come with it and explain it to me, I'll do the interview.'

In both cases, the cultural scripts served to recast an unfamiliar relationship into one that was culturally familiar. Most of our candidates were uncertain, concerned, and confused about prenatal diagnosis. They tended not to feel sure of themselves or in command of their situation. If we had not recognized this fact, our recruitment efforts might have added to the confusion: we were approaching candidates at a clinic, but we were not doctors; we were asking questions related to medicine, but we were not offering any medical services. However, by framing our requests in terms of *comadrisimo* and *poderismo* we encouraged our male and female candidates into roles that were familiar and perhaps sometimes even comforting to them. Many female participants felt close enough to us to talk very openly about what it meant to them to be labeled a high-risk pregnancy and what was involved in their decision to accept or decline amniocentesis. Likewise, by putting men 'in charge' of the research proceedings, *poderismo* gave men a reassuringly familiar role in an otherwise unfamiliar domain.

Our decision to employ multiple recruitment strategies was necessary not only to boost the recruitment rate, but also to *balance* the recruitment rate, ensuring that our study did not over- or under-sample people on one side of an important research question. As it was, there was no significant difference between the rate of amniocentesis acceptance in our interview sample and the

rate among all the Mexican-origin women offered amniocentesis at the six participating genetics clinics because they had screened positive (Browner and Preloran, 1999).

## CONCLUSIONS

While exploratory in nature, our investigation has drawn needed attention to some of the challenges field researchers face and some techniques that have proven successful in one study with Latino couples. Our findings certainly highlight the challenge of eliciting information from non-participants, while respecting their desire to be left alone. Although in our case recruiters' ethnic backgrounds matched those of participants, our recruitment strategies were successful not for this reason alone. By taking time to consider the potential impact of cultural differences on participant-researcher interaction, investigators from backgrounds different from those of study participants can also develop recruitment strategies that are sensitive to participants' ethnic backgrounds.

By offering more effective ways to begin field research with Latinos we hope this chapter will promote a better understanding of how to meet the needs of this and other understudied populations. And by analyzing the strengths and weaknesses of the different approaches we used to recruit participants in a 'real world' medical setting we also hope it provides researchers with an overview of the first steps of the fieldwork enterprise.

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